

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION**

IN RE: ETHICON, INC. PELVIC REPAIR SYSTEM PRODUCTS LIABILITY LITIGATION	Master File No. 2:12-MD-02327 MDL No. 2327
THIS DOCUMENT RELATES TO ETHICON WAVE 1 CASES IDENTIFIED IN EXHIBIT A	JOSEPH R. GOODWIN U.S. DISTRICT JUDGE

**DEFENDANTS' RESPONSE IN OPPOSITION TO PLAINTIFFS' MOTION
TO EXCLUDE GENERAL OPINIONS OF BRIAN J. FLYNN, M.D.**

Defendants Ethicon, Inc. and Johnson & Johnson (collectively, "Defendants") submit this response in opposition to Plaintiffs' motion to exclude the general opinions of Brian J. Flynn, M.D. (Doc. 2130).

INTRODUCTION

Dr. Flynn is a urogynecologist focusing on treating incontinence, prolapse, and other pelvic floor disorders. Ex. A hereto, Curriculum Vitae. He has been board-certified in Urology since 2004, and he received a subspecialty certification in Female Pelvic Medicine and Reconstructive Surgery in 2014. Dr. Flynn practices in Colorado, where he serves as Associate Professor of Surgery/Urology at the University of Colorado School of Medicine and Co-Practice Director of Women's Pelvic Health and Surgery with the University of Colorado Hospital. *Id.*

Dr. Flynn has performed over 1000 surgical procedures for the treatment of stress urinary incontinence ("SUI"). Although he has used Burch colposuspension and pubovaginal slings, he has implanted over 800 midurethral slings (primarily using Ethicon's products). Ex. B to Pl's Motion, TVT Report at 2-3; Ex.G to Pl's Motion, 4/19/16 Dep. at 127:24-25. He also has

performed approximately 200 pelvic organ prolapse procedures using Prolift or Prolift +M, and he has taught fellows and residents how to implant those devices as well as how to perform other prolapse procedures. Ex. E to Pl's Motion, Prolift Report at 2; Ex. H to Pl's Motion, 4/14/16 Dep. at 216:7-14. Dr. Flynn also performs approximately 50 revision procedures each year. Ex. B hereto, 1/7/15 Dep. at 97:23-101:4.

Dr. Flynn reviews articles for four urology/urogynecology journals, and he has published articles about reconstructive urologic surgery. Ex. A hereto, CV. He trains and instructs physicians and medical school students about pelvic medicine and reconstructive surgery, he has helped create instructional videos on Defendants' products, and he has presented both nationally and internationally about these issues. Ex. B to Pl's Motion, TVT Report at 2.

In these cases, Dr. Flynn intends to offer opinions generally addressing the utility and safety of Defendants' TVT, TVT-O, TVT-Secur, Prolift and Prolift +M devices. His opinions are based upon his education, medical training, clinical experience, extensive review of medical literature, position statements, guidelines, practice patterns, curricula, and various other material reflected in his reliance list. Ex. B-F to Pl's motion at 1; Ex. K to Pl's Motion, Reliance List. Although Plaintiffs have challenged certain aspects of Dr. Flynn's opinions, as set forth below, he is qualified to opine on these topics and his opinions are supported by a reliable methodology.

ARGUMENT

Defendants incorporate by reference the standard of review for *Daubert* motions as articulated by the Court in *Huskey v. Ethicon, Inc.*, 29 F. Supp. 3d 691, 701 (S.D. W. Va. 2014).

I. Plaintiffs' brief is untimely.

The Court granted Plaintiffs an extension until May 5, 2016, in which to challenge Dr. Flynn's general opinions. *See, e.g.*, Case No. 2:12-cv-1021, Doc. 130. Although Plaintiffs filed

their motion on May 5, 2016 (Doc. 2130), Plaintiffs did not file their supporting memorandum until May 6, 2016. Doc. 2131.

II. Dr. Flynn's opinions are supported by a reliable methodology.

A. Dr. Flynn performed a thorough review of the literature.

Plaintiffs misleadingly state that “Dr. Flynn admitted that he did not perform a systematic review of the relevant scientific literature.” Doc. 2131, p. 3. In support of this assertion, Plaintiffs only cite testimony by Dr. Flynn about his review of literature in preparing his Prolift and Prolift +M reports. *Id.* (citing Ex. H to Pl’s Motion, 4/14/16 Prolift Dep. at 2:18-19, 60:3-12).¹ Plaintiffs have taken Dr. Flynn’s testimony out of context. Dr. Flynn merely indicated that his Prolift report, itself, would not be considered a “systematic review”; he did not suggest that he never performed a comprehensive review in formulating his opinions and summarizing those opinions in his report.

According to Dr. Flynn, he prepared a reliance list (Ex. K to Pl’s motion) following a broad PubMed research search performed with the same methodology that he would use for his clinical practice or publications. Ex. H to Pl’s Motion, 4/14/16 Prolift Dep. at 23:21-25:1, 58:8-59:13, 208:22-209:4.² That search appears to have been extraordinarily comprehensive, as Dr. Flynn’s reliance list includes hundreds of references in the medical literature. Ex. K to Pl’s motion. According to Dr. Flynn:

A. . . . If you look at the levels of evidence for practitioners, 6 you have Level I evidence, which would be the highest level that is systematically used, meta-

¹ Plaintiffs cite no evidence in support of their suggestion that Dr. Flynn failed to perform a sufficient review of the literature associated with TVT, TVT-O or TVT-Secur, and therefore, Plaintiffs have not properly challenged Dr. Flynn’s opinions about those devices.

² Dr. Flynn testified that it is his general practice to read scientific articles that affect his practice; that he typically reads a number of journals; that he belongs to a journal club as part of his medical practice, which meets multiple times a year; that he is a reviewer for a number of medical journals; and that he is “looking at the medical literature very commonly.” *Id.* at 60:20-61:18. He also keeps apprised of the important medical literature by attending scientific meetings and discussing it with colleagues. *Id.* at 62:9-18.

analyses and RCTs. And then go all the way down to the bottom of the pyramid, Level IV would be, you know, case reports, and so that would be the lowest level of evidence. In between, you have case series, and then prospective studies that are nonrandomized.

Q. Okay. And you wouldn't consider your report a systematic review of the totality of literature that exists regarding Prolift, would you?

A. It's not a systematic review. That's correct.

Q. And likewise, you didn't perform a meta-analysis here, did you?

A. I did not.

Q. In fact, you're here relying upon other people's systematic reviews and meta-analyses; is that correct?

A. As well as my own personal experience with this device.

Ex. H to Pl's Motion, 4/14/16 Prolift Dep. at 26:4-27:2 (emphasis added). Thus, Dr. Flynn was merely stating that he relied on systematic reviews and meta-analyses that others had conducted but that he did not consider his report, itself, to be a systematic review in the same sense as those (and no definition of "systematic review" was provided during deposition).³

Plaintiffs also argue that Dr. Flynn cherry-picked articles and "only included literature in his reports that supported his predetermined opinions." Doc. 2131, pp. 2-3. This is simply wrong. First, once again, Plaintiffs cite (albeit out of context) only Dr. Flynn's testimony about his Prolift reports. *Id.* at 3-4. In any event, as noted above and as reflected in his comprehensive reliance list, Dr. Flynn reviewed an enormous amount of medical literature and performed an extensive unbiased PubMed search. Ex. K to Pl's Motion, Reliance List; Ex. H to Pl's Motion,

³ For instance, in the Society of Gynecologic Surgeons Systematic Review Group's 2014 systematic review on sling surgery for SUI in women—a study that Dr. Flynn relies on and discusses in his TVT reports—the authors describe the precise data sources they consulted, the searches they ran in those data sources, how the reviewers screened the abstracts for possible inclusion in the review, how studies were selected once they were located, how the data was extracted from studies, how the quality of the studies was assessed, and how the data was synthesized and analyzed. *See also* Exs. B, C, and D to Pl's Motion, TVT Reports at 19 (citing Tommaselli 2015 systematic review, Schimpf systematic review, and Ford Cochrane Review). Interestingly, Plaintiffs criticize Dr. Flynn for not performing a systematic review notwithstanding the fact that Plaintiffs' own experts ignore the systematic reviews demonstrating the safety and efficacy of synthetic midurethral slings.

4/14/16 Prolift Dep. at 13:9-15. This literature that Dr. Flynn reviewed and took into account includes randomized controlled trials that both reported very positive things about Prolift as well as literature that was “not-so-positive.” *Id.* at 205:5-18.

In choosing which literature to cite in his Prolift report, Dr. Flynn included “articles that had been important to [him] over the last 15 years in affecting how [he] thought about prolapse and how he managed it.” *Id.* at 22:17-23:2. To ensure reliability, he screened the studies so as to include “studies that are well-designed of high levels of evidence, that are from reputable peer-reviewed journals, that have a large cohort of patients, preferably multi-center, et cetera.” *Id.* at 223:6-15. Notwithstanding Plaintiffs’ unsupported claim that Dr. Flynn’s Prolift report “only include[s]” favorable literature (Doc. 2131, pp. 2-3), Dr. Flynn stated:

[M]any of those [unfavorable articles] are included in this report. So I felt that this was a very balanced report. Naturally, the articles that I rely on to formulate my opinions are going to be more heavily emphasized.

Id. at 24:16-25:1. Indeed, Dr. Flynn did not “cherry-pick” favorable evidence; when Dr. Flynn testified that he “tried to choose articles that support [his] opinions,” he was not describing his methodology for reviewing literature, he was describing how he chose what to cite in his report. *Id.* at 20:13-24.

There similarly is no merit to Plaintiffs’ accusations that Dr. Flynn “ignored” contrary evidence. There are thousands of articles published on the subject of incontinence and prolapse surgery, and the fact that Dr. Flynn has not analyzed *every single article* does not make his methodology unscientific or his opinions unreliable. Dr. Flynn explained why he relied more heavily on Level 1 evidence. *Id.* at 26:4-13. Indeed, “[a] fundamental principle of evidence-based medicine . . . is that the strength of medical evidence supporting a therapy or strategy is hierarchical. When ordered from strongest to weakest, systematic review of randomized trials

(meta-analysis) is at the top, followed by single randomized trials, systematic reviews of observational studies, single observational studies, physiological studies, and unsystematic clinical observations.” See Federal Judicial Center, Reference Manual on Scientific Evidence 723-24. Dr. Flynn cites numerous Cochrane reviews, systematic reviews, and meta-analyses throughout his reports. See, e.g., citations to studies by Ford, Schimpf, Novara, Tommaselli, Walsh, and Maher studies in Dr. Flynn's reports.⁴

The Court rejected a similar argument in *Trevino v. Boston Scientific Corp.*, 2016 WL 1718836 (S.D. W. Va. Apr. 28, 2016). The plaintiff in that case challenged defense expert Stephen Badylak, M.D.’s competence to testify about the safety and efficacy of polypropylene mesh devices on the basis that Dr. Badylak had admitted that he had not performed a “comprehensive review” of the scientific literature related to the defendant’s devices.” *Id.* at *41. The Court, however, noted that Dr. Badylak’s report demonstrated that he “reviewed more than 200 relevant scientific publications, including more than twenty publications evaluating the safety and efficacy of BSC devices,” and that “[i]f there are certain device-specific publications that Dr. Badylak failed to review in preparing his expert report, the plaintiff is free to ask him about those publications on cross-examination.” *Id.*; see also *id.* at *5 (S.D. W. Va. Apr. 28, 2016) (finding that “to the extent the defendant challenges the reasons Dr. Margolis offers for not relying on certain studies, such challenges go to the weight of Dr. Margolis’s opinions, not their admissibility” and that “[t]he defendant is free to cross-examine Dr. Margolis regarding studies that cut against his opinions”).

⁴ Further, “[w]ell-performed randomized trials provide the least biased estimates of treatment benefit and harm by creating groups with equivalent prognoses.” Federal Judicial Center, Reference Manual on Scientific Evidence 729. Dr. Flynn included an extensive discussion of several available RCTs regarding the TVT, TVT-O, TVT-S, and Prolift in his reports on those products.

Applying the Court's reasoning to these cases, Dr. Flynn plainly has performed a sufficiently thorough review of the medical literature to ensure the reliability of his opinions. If Plaintiffs wish to nit-pick Dr. Flynn's failure to cite certain studies, cross-examination is the appropriate vehicle to do so. Indeed, if Plaintiffs held their own experts to the standard that they seek to hold Dr. Flynn, all of Plaintiffs' own experts would be disqualified in these cases. Further, if that were the standard to which the parties' experts must adhere, their reports would look like phone books rather than summaries. That is not what the law requires.

1. TVT-Secur

Plaintiffs claim that all of Dr. Flynn's opinions about the safety and efficacy of TVT-Secur are unreliable merely because his TVT-Secur report did not reference one Cochrane review. Doc. 2131, pp. 5-7. The Cochrane review cited by Plaintiffs, however, is included in Dr. Flynn's reliance list, and Dr. Flynn explained that (1) the study was on mini-slings, not just the TVT-Secur; (2) it was one of several systematic reviews that addressed the TVT-Secur; and (3) he chose to cite one of the other systematic studies in his report because it was one that he was more familiar with and better represents the TVT-Secur in his opinion. Ex. K to Pl's Motion, Reliance List; Ex. I to Pl's Motion, F3/24/16 Dep. at 79:13-81:5, 84:1-5.

Dr. Flynn did not overlook or ignore the best evidence regarding the safety of the TVT-Secur, and when directly questioned about this particular review he provided a reasoned explanation for his decision not to reference it directly in his report. When explaining why the review is not mentioned in his report, Dr. Flynn stated:

It's not the only systematic review on TVT-Secur. And this systematic review is on mini slings. It's not just on TVT-Secur. So for instance, the Wall study in 2011 is another systematic review and meta-analysis of over a thousand patients that had a mesh exposure rate of 2.4. Tomaselli, 2013, RCT. 4 RCTs are a very high level of evidence as well, and didn't show a high exposure rate any different than TVT-O.

So you have to look at a number of studies. I think there's always going to be one study, even possibly a systematic review that might report something different than other systematic reviews. So there's multiple systematic reviews on mini slings. I chose to cite the Wall study, and that's what I have in my report. So I did choose one of the systematic reviews. It was one that was – one that I was more familiar with.

Id. at 79:22-80:15. He also explained that although a Cochrane review referenced in his report may not have been specifically applicable to single-incision slings like the TVT-Secur, it “speaks to the safety of the mesh in the TVT-Secur.” Ex. D to Pl’s Motion, TVT-Secur Report at 22.

Therefore, it is not true that Dr. Flynn “without explanation” “testified that he simply disagreed with the paper’s conclusion,” as Plaintiffs argue at page 6 of their brief. Again, “[i]f there are certain device-specific publications that [Plaintiffs claim that Dr. Flynn] failed to review in preparing his expert report, the plaintiff is free to ask him about those publications on cross-examination.” *Trevino*, 2016 WL 1718836, at *41.

2. TVT-O

Plaintiffs’ specific criticisms of Dr. Flynn’s TVT-O opinions also lack merit. Plaintiffs suggest that the Court should preclude Dr. Flynn from testifying that TVT-O is safe and effective, because he supposedly “testified that he no longer uses the TVT-O and, in fact, has not used one in years because, in his opinion, the TVT-Abbrevio is a better product.” Doc. 2131, p. 7. Yet, Dr. Flynn explicitly refused to state that TVT-Abbrevio is “better.” Ex. J to Pl’s Motion, 4/14/16 TVT-O Dep. at 26:21-27:3; 40:4-12. In any event, just because Dr. Flynn may prefer TVT-Abbrevio does not mean that he believes TVT-O to be unsafe or ineffective.

Plaintiffs also incorrectly assert that Dr. Flynn opines in his report “that the TVT-O is safer than other obturator devices because the ‘inside-out’ approach of the TVT-O ‘allows a greater distance between the implanted mesh and the obturator nerve, thereby reducing potential

complications in SUI surgery.” Doc. 2131, p. 7. Dr. Flynn’s report merely states: “The unique inside-to-out approach created by Dr. de Leval to allow [sic] a greater distance between the implanted mesh and the obturator nerve, thereby reducing potential complications in SUI surgery.” Ex. C to Pl’s Motion, TVT-O Report at 21. As Dr. Flynn explained in his deposition, this statement was “just generally describing why it was created and what the goals of it were.” Ex. J to Pl’s Motion, 4/14/16 TVT-O Dep. at 56:1-6.

Dr. Flynn reliably and appropriately explained why the Zahn, Achdari, and Spinoso studies referenced by Plaintiffs do not alter his opinions. Dr. Flynn testified that the conclusions reached by those studies (that the outside-in technique lays the mesh farther from the nerve bundle) were inconsistent with his personal experience with the TVT-O device, and “not what any of the systematic reviews or [randomized control trials] show.” *Id.* at 62:15-22. He also noted that all three studies were cadaveric studies, which have “a lot of limitations” and are “not as reliable as human studies, live studies, meta-analyses, systematic reviews.” *Id.* at 63:13-64:4, 64:17-22. Dr. Flynn stressed that the issue is “very controversial, so you’ll have some reports say the outside-to-in is superior and others who say the inside-to-out is superior.” *Id.* at 58:13-19.

Dr. Flynn’s opinions about the safety and efficacy of TVT-O are well supported by his personal experiences and the medical literature. Plaintiffs’ criticisms are appropriate matters for cross-examination. *Trevino*, 2016 WL 1718836, at *41.

3. Prolift and Prolift +M

Although Plaintiffs also argue that Dr. Flynn failed to take into account contrary medical literature when formulating his Prolift opinions, he has appropriately articulated his methodology and accounted for contrary literature. As it relates to the 2016 Cochrane review, Dr. Flynn testified that he was aware of the review, but he inadvertently neglected to update his reliance list

to include it. Ex. H to Pl's Motion, 4/14/16 Prolift Dep. at 171:15-172:29, 173:10-17. Although he acknowledged that the review is an "important document" and the he is aware that the review concluded that the risk of the mesh in Prolift might not be outweighed by the benefits associated with recurrence, Dr. Flynn stated that this conclusion did not change his opinion that the devices are safe and effective given the "wealth of information on a product that was very well-studied." *Id.* at 174:14-175:12, 179:11-24.

Notwithstanding Plaintiffs' assertion, this 2016 Cochrane review was not "completely contrary to Dr. Flynn's opinions." Doc. 2131, p. 10. In fact, Dr. Flynn agreed with numerous other conclusions of the 2016 review. Ex. H to Pl's Motion, 4/14/16 Prolift Dep. at 181:19-183:10. For instance, the review's findings that awareness of prolapse at 1-3 years was less likely after mesh repair and that rates of repeat surgery for prolapse were lower for mesh patients is consistent with Dr. Flynn's opinion and experience. *Id.* at 181:19-182:10. Dr. Flynn also agrees with the review's finding that there was no evidence of any difference in the rates of de novo dyspareunia between the native tissue repair patients and mesh patients. *Id.* at 183:1-10.

Dr. Flynn's reports and reliance list show that he thoroughly researched the Prolift and Prolift +M devices and considering that research. Coupling that research with his personal experience is a very sound and scientific method for formulating his opinions in these cases. The mere failure to cite one specific article—much of which is consistent with and supports his opinions—does not render his opinions unreliable or his methodology unscientific. Moreover, Dr. Flynn's reliance and discussion of the 2013 Cochrane review refutes Plaintiff's accusations that Dr. Flynn "cherry-picked" only favorable articles to review. That article notes, for instance, that "the use of mesh or graft inlays at the time of anterior vaginal wall repair reduces the risk of recurrent anterior wall prolapse on examination. Anterior vaginal polypropylene mesh also

reduces awareness of prolapse, however these benefits must be weighed against increased operating time, blood loss, rate of apical or posterior compartment prolapse, de novo stress urinary incontinence, and reoperation rate for mesh exposures associated with the use of polypropylene mesh.” Ex. C hereto, at 2.

As it relates to the Stanford study referenced in Plaintiffs’ brief, Plaintiffs have acknowledged that it is included in Dr. Flynn’s reliance list. Ex. K to Pl’s Motion, Reliance List. Moreover, Dr. Flynn testified that “[i]t’s not so much that I discount the strength of this, it’s that I rely more heavily on other systematic reviews that are larger that included a greater number of studies.” Ex. H to Pl’s Motion, 4/14/16 Prolift Dep. at 106:18-24.

As it relates to the Iglesia study, Dr. Flynn testified that he was familiar with it (and it is included on his reliance list), but that there were problems with the study because Dr. Iglesia’s “ability to do a mesh-augmented repair has been called into serious question by a number of people.” *Id.* at 108:4-17. He also stated that “I primarily used the systematic reviews and Cochrane reviews to formulate my opinions, and this is of a lower level of evidence, and it doesn’t affect my opinions.” *Id.* at 110:8-14. Similarly, Dr. Flynn is aware of the Diwadkr study, which is also on his reliance list. *Id.* at 115:16-20. After reviewing the conclusion section of the abstract, he testified that the conclusion did not affect his opinions. *Id.* at 112:2-13.

This medical literature was among numerous reviews, meta-analyses, studies, and articles that Dr. Flynn used to formulate his opinions. Cross-examination is the appropriate forum for Plaintiffs to present these arguments.

B. Dr. Flynn’s personal experiences are reliable.

As set forth in the Introduction section above, Dr. Flynn has extensive personal experience with the devices at issue and with SUI and prolapse surgeries. In fact, Dr. Flynn has

published two articles regarding mesh complications that included retrospective case series analysis. Ex. A hereto, CV; Ex. D hereto, 8/29/14 Dep. at 8:23-9:22. Plaintiffs have even acknowledged that “[i]n 2013, Dr. Flynn also published an article discussing his personal experience with surgical management of mesh related complications.” Doc. 2131, p. 13.

Plaintiffs claim that Dr. Flynn’s opinions are somehow unreliable because he accidentally misstated in one deposition that he started using TVT-O before TVT. *Id.* at 12. As noted by this Court, “[c]ontradictions in testimony should be addressed on cross-examination,” and in any event, Plaintiffs do not explain how this trivial discrepancy is of any significance. *Wilkerson v. Boston Scientific Corp.*, 2015 WL 2087048, at *11 (S.D. W. Va. May 5, 2015).

Dr. Flynn’s failure to maintain a registry to track precisely his personal experiences with patients does not render his testimony unreliable. In rejecting a similar argument in another case, this Court found as follows:

The plaintiff takes issue with Dr. Robboy’s reliance on his clinical experience because she has no way of “independently verifying” opinions. The plaintiff’s argument has no practical merit. Numerous expert witnesses throughout the course of these MDLs have relied on their clinical experience in forming their expert opinions. Such practice can hardly be described as a “mystery.” If *Daubert* required an expert witness to independently verify every single clinical experience he had over the course of his career, the court would never make it past pre-trial motions.

Ex. E hereto, *Bellew v. Ethicon, Inc.*, No. 2:13-cv-22473, Doc. 265, p. 40 (S.D. W. Va. Nov. 20, 2014); *see also Winebarger*, 2015 WL 1887222, at *34 (finding that expert’s inability to provide “exact statistics” about the outcome of his patients did not render his personal experience opinions unreliable and that “such detail is not required under *Daubert* to opine as to ‘large-scale safety and efficacy of the Uphold device’”); *Trevino*, 2016 WL 1718836, at *33 (same).

For these same reasons, the Court should reject Plaintiffs’ argument here. Indeed, physicians routinely counsel patients considering surgery on the physicians’ rough perception of

their own complication rates, and Dr. Flynn's inability to confirm his understanding of his complication rates with precisions does not render his experience unhelpful or unscientific.

Dr. Flynn did not "guess" but provided estimates of numbers. *See also* Ex. B to Pl's Motion, TVT Report at 22. He has applied a sound methodology in formulating his opinions regarding the safety and utility of the devices at issue based on his personal experience and his thorough review of peer-reviewed publications. This Court has recognized that a physician may testify that complication rates found in literature are verified by his personal experience. *See, e.g., Tyree v. Boston Scientific Corp*, 54 F. Supp. 3d 501, 585 (S.D. W. Va. 2014) (expert's opinion about safety and efficacy was reliable where opinion was based upon "minimal complications in his clinical practice" which was "'on par with the findings of [the] studies' he cites throughout his expert report"); *Carlson v. Boston Scientific Corp.*, 2015 WL 1931311, at *12, *36 (S.D. W. Va. Apr. 28, 2015) (finding Dr. Galloway's method of considering scientific articles and drawing on his clinical experience to reach his opinion regarding degradation to be methodologically sound and allowing Dr. Culligan "by way of his experience with the Uphold device and his review of the relevant scientific literature" to opine how these procedures compare). That is precisely what Dr. Flynn will do in these cases. Any alleged inconsistencies or weaknesses in Dr. Flynn's testimony go to its weight, not its admissibility. *See Daubert*, 509 U.S. at 596 ("Vigorous cross-examination, presentation of contrary evidence, and careful instruction on the burden of proof are the traditional and appropriate means of attacking shaky but admissible evidence").

III. Dr. Flynn is competent to testify about degradation, warnings, and other issues.

A. Dr. Flynn's opinions about degradation are reliable.

There is no merit to Plaintiffs' argument that Dr. Flynn may not testify about degradation. Dr. Flynn is qualified to opine about degradation based on his significant clinical experience (in which he has not observed any clinically meaningful degradation), as well as his extensive review of scientific literature—including literature that Plaintiffs' experts in these cases have cited.⁵ Dr. Flynn's opinions are particularly bolstered by his review of Level 1 long-term studies, RCTs, systematic reviews, meta-analyses, and Cochrane reviews demonstrating the safety of polypropylene mesh and that the mesh is not degrading. *See, e.g.*, Ex. B to Pl's Motion, TVT Report at 27; Ex. G to Pl's Motion, 4/19/16 Dep. at 65:20-70:23. As stated by Dr. Flynn: "Well, if you look at the – more than 100 RCTs and more than 1,000 articles in the peer-reviewed literature looking at clinical results of TVT and if you ask me about my own personal experience, there is no evidence of degradation in the clinical literature," with the exception of a small number of articles that he referenced. Ex. B hereto, 1/7/15 Dep. at 254:15-255:7.

Although Plaintiffs fault Dr. Flynn for not reviewing the devices' design history files, Dr. Flynn does not offer opinions about Ethicon's process for developing products. Indeed, Dr. Flynn's opinions about degradation are not at the molecular level and the equivalent of the opinions of polymer scientist, but instead, focused on clinical aspects of alleged degradation. *See Wilkerson v. Boston Scientific Corp.*, 2015 WL 2087048, at *20 (S.D. W. Va. May 5, 2015) ("That he has no experience in polymer science is irrelevant because Dr. Porter is not offering opinions about 'what's happening at the molecular level'").

⁵ Dr. Flynn also has a biomedical engineering education background. Ex. A, CV.

In these MDLs, the Court has allowed urologists and gynecologists with similar qualifications as Dr. Flynn to testify about degradation. For instance, in *Trevino v. Boston Scientific Corp.*, 2016 WL 1718836, at *45 (S.D. W. Va. Apr. 28, 2016), the plaintiff argued that Dr. Michael Douso, a urogynecologist, was not qualified to testify about the physical properties of mesh and to offer opinions about degradation and similar topics because he was not a biomaterials or polymer science expert. In rejecting this challenge, the Court stated as follows:

As to qualification, Dr. Douso is a practicing urogynecologist, and he is board-certified in obstetrics and gynecology. He has extensive experience with BSC's produces for treating SUI and POP, including use of the Prefyx and Uphold mesh sling devices. Dr. Douso has had extensive experience teaching minimally invasive surgical techniques and procedures to physicians across the United States, including implantation of the defendant's polypropylene mesh devices. Simply because Dr. Douso is not an engineer, chemist, or biomechanical expert does not render him unqualified to testify that he has not experienced mesh degradation, contraction, or a foreign body response in his practice. "One knowledgeable about a particular subject need not be precisely informed about all details of the issues raised in order to offer an [expert] opinion." *Thomas J. Kline, Inc.*, 878 F.2d at 799. I **FIND** that Dr. Douso's extensive experience qualified him to testify that he has not experienced certain alleged physical properties in the defendant's Uphold and Prefyx devices.

* * *

The literature on which Dr. Douso relies includes multiple studies regarding polypropylene mesh devices and on the body's post-operative reaction to the mesh.

The court has permitted physicians in related cases to offer similar opinions based on their clinical experience and review of the scientific literature. *See Tyree*, 54 F. Supp. 3d at 585 (finding an expert's "clinical experience and review of the scientific literature are sufficiently reliable bases in forming this particular opinion"). Accordingly, I **FIND** that Dr. Douso's extensive clinical experience and literature review provide a sufficient reliable basis for his opinions. The plaintiff's motion on this point is **DENIED**.

2016 WL 1718836, at *46 (other citations omitted); *see also id.* at *5 (finding that urologist Niall Galloway's "clinical experience and review of the scientific literature adequately qualify him to opine on polypropylene, including its degradation, leaching, shrinkage and contraction"); *id.* at

*33 (allowing testimony of defense expert Patrick Culligan, M.D.); *Huskey*, 29 F. Supp. 3d at 706-07, 735 (rejecting similar challenges to plaintiff expert Bruce Rosenzweig, M.D., and defense expert urogynecologist Harry Johnson, M.D.); *Tyree*, 54 F. Supp. 3d at 550, 585 (rejecting similar challenge of plaintiff expert Donald Ostergard, M.D. and defense expert Lonny Green, M.D.); *Jones v. Bard, Inc.*, No. 2:11-cv-00114, [Doc. 391], pp. 6–9.

Plaintiffs also argue that Dr. Flynn should not be allowed to testify about the lack of any meaningful clinical effects of degradation, because he has not read papers by Drs. Iakovlev or Tzartzeva. Doc. 2131, pp. 16-17. In *Huskey*, this Court rejected a similar challenge to defense expert urogynecologist, Harry Johnson, M.D. 29 F. Supp. 3d at 735. Noting that although “Dr. Johnson’s opinion is not subject to testing and it is not supported by peer-reviewed literature *affirmatively* stating that degradation lacks clinical significance,” Dr. Johnson’s “clinical experience and his review of the scientific literature” set forth a sufficient basis for his opinion and “Dr. Johnson’s failure to review particular documents goes to the weight of his opinion, not its admissibility.” *Id.* Again, “[i]f there are certain device-specific publications that [Plaintiffs claim that Dr. Flynn] failed to review in preparing his expert report, the plaintiff is free to ask him about those publications on cross-examination.” *Trevino*, 2016 WL 1718836, at *41.

B. Dr. Flynn’s analysis of laser-cut mesh is reliable.

Although Dr. Flynn may not have expertise to address the biomaterials distinctions between mechanically-cut mesh (“MCM”) and laser-cut mesh (“LCM”), he is well qualified to testify, from a clinical perspective, that there is not “any clinical significant difference between laser-cut mesh and mechanical-cut mesh in my own practice or what’s reported in the literature or from conversation with colleagues.” Ex. B hereto, 1/7/15 Dep. 68:1-5. Dr. Flynn will not

address biomaterials properties, but as he stated, “I’m prepared to answer questions as a physician and a clinician with respect to laser-cut and mechanically-cut.” *Id.* at 65:20-22.

Dr. Flynn has used both MCM and LCM devices. Although “there’s some subtle differences,” they are “essentially the same” and “what the literature shows is that the products have behaved similarly based on efficacy and safety.” *Id.* at 66:10; Ex. G to Pl’s Motion, 4/19/16 Dep. at 121:5-9, 122:9-16; Ex B to Pl’s Motion, TVT Report at 13, 21. Dr. Flynn has explained at length about how numerous studies, RCTs, and reviews have confirmed his personal experience that LCM and MCM devices have similar efficacy and safety. *Id.*; Ex. B hereto 1/7/15 Dep. at 246:11-25; Ex. G to Pl’s Motion, 4/19/16 Dep. at 117:6-118:1, 122:17-123:10, 127:3-129:16. Although Plaintiffs assert that Dr. Flynn was unable to distinguish between the types of mesh used in specific studies, Dr. Flynn has persuasively pointed out: “I think if you look at the literature based on products that came only as laser cut, for instance, TVT-Secur, TVT-Abbrevio, TVT-Exact, and you compare those to the TVT studies that were published before 2006, you’ve just created a comparison. And at least with respect to safety . . . they performed very similarly.” *Id.* at 122:17-123:6. Dr. Flynn’s background, experience, and review of the literature render him well-qualified to testify that both LCM and MCM devices are safe and effective and that there is no material difference between these types of devices.

C. Dr. Flynn may reliably testify about Ethicon’s product warnings.

Dr. Flynn has opined on the completeness and accuracy of the IFU warnings from a clinical perspective based on his knowledge of and clinical experience with the devices. *E.g.*, Ex. B to Pl’s Motion, TVT Report at 29-33; Ex. E to Pl’s Motion, Prolift Report at 33-35. Plaintiffs do not challenge, or even address, Dr. Flynn’s clinical expertise. Instead Plaintiffs

argue that he is not qualified to opine on the adequacy of the IFUs because he lacks familiarity with the regulatory process governing the development of such documents.

Although Dr. Flynn does not purport to be a regulatory expert, he has considered the FDA's 1990s guidance on IFUs, and he has relied on the standards of professional societies and the standard that was taught to him as a resident fellow and that he and his peers across the country use. Ex. H to Pl's Motion, 4/14/16 Prolift Dep. at 74:16-75:2, 76:15-25. Plaintiffs do nothing but establish Dr. Flynn's lack of qualification to opine regarding FDA regulations as applied to the development of product warnings – an opinion that he has not offered. Under Plaintiffs' reasoning, Plaintiffs' own pelvic surgeon experts, such as Drs. Blaivas, Shull, Margolis, Elliott, and Rosenzweig, are not qualified to testify about product warnings in any form or fashion. If the Court allows Plaintiffs to elicit warnings opinions from their clinician experts, then fairness dictates that Defendants be allowed to elicit such opinions from Defendants' experts.

Dr. Flynn is qualified to testify about the completeness and accuracy of the warnings from a clinical perspective. Dr. Flynn's reports and deposition testimony detail his extensive experience with the devices, including particular risks and complications he has experienced and researched, and his reports explain his opinions in detail. *E.g.*, Ex. B to Pl's Motion, TVT Report at 29-33. His extensive clinical experience with the products at issue is supplemented by an incredibly thorough review of the relevant literature and education he has provided to others. *Id.*, *passim*; Ex. K to Pl's Motion, Reliance List.

Although Plaintiffs claim that Dr. Flynn contradicted the standard he followed when he testified that the risk of damage to surrounding structures should be included in the IFU, even though that risk is not a risk that is unique to Prolift, Dr. Flynn clarified that the risk was unique

to Prolift in terms of the graft material and the devices that are used to place the graft material (inserters or tunnelers). Ex. H to Pl's Motion, 4/14/16 Prolift Dep. at 81:2-12. He further testified that he believes that that may be standard language in IFUs for mesh kits, and that he took into account his review of other products' IFUs. *Id.* at 81:15-82:5. Although Dr. Flynn testified that he was unsure whether he had reviewed the 2015 changes to the TVT IFU, those changes *strengthened* the warnings; thus, if Dr. Flynn was satisfied with the preexisting warnings, he plainly was satisfied with the updated warnings.

Ethicon recognizes that the Court has precluded defense experts in these cases from opining that a "warning was adequate merely because it included the risks he has observed in his own practice." *Trevino*, 2016 WL 1718836 at *45. Plaintiffs do not challenge Dr. Flynn's warning opinions on this basis. Even if they did, such a challenge would lack merit. Although the Court has been clear that just because an expert had not seen a particular risk in his practice did not justify his testimony that the risk did not exist, *id.*, that is not what Dr. Flynn seeks to do here. Instead, Dr. Flynn will testify that the complications that Plaintiffs allege should have been in the IFUs: (a) are risks that a pelvic surgeon would already know, and therefore, need not be warned about; (b) are not genuine complications; or (c) are not attributable to the device.

As it relates to the latter two categories, Dr. Flynn's report and deposition show that his opinions are based on his extensive clinical experience, *as well as* his thorough critique of scientific literature. *See, e.g.*, Ex. B to Pl's Motion, TVT Report at 25-28 (explaining why he disputes that mesh causes various conditions, such as infection, inflammation, cytotoxicity, cancer, contraction, or degradation). Thus, this is sufficient to distinguish the circumstances here from *Trevino*. *See Huskey*, 29 F. Supp. 3d at 734-35 (allowing Dr. Johnson to testify about

evidence of absence because his opinions were also based on medical literature); *Carlson*, 2015 WL 1931311 at *12.⁶

Moreover, Dr. Flynn, as an experienced clinician, is well qualified to testify about complications that are “commonly known” such that they need not be included in an IFU. Ex. B to Pl’s Motion, TVT Report at 31. The law imposes no duty to warn sophisticated users of products with respect to risks that the sophisticated users already know or should know. *See, e.g.*, Restatement (Third) of Torts: Product Liability §2 cmt. j (1998); Restatement (Second) of the Law of Torts §402A cmt. j; American Law of Product Liability 3d § 32:69 (2016); *Willis v. Raymark Indus., Inc.*, 905 F.2d 793, 797 (4th Cir. 1990). In fact, 21 CFR § 801.109(c) states there is no duty to warn if “the article is a device for which the hazards, warnings and other information are commonly known to practitioners licensed by law to use the device.”

This is an objective test not dependent on the knowledge of the individual surgeon, and Dr. Flynn is certainly competent to share his opinions about what risks should be obvious to surgeons who use the devices and how an average clinician would construe the IFUs. Indeed, Ethicon writes its IFUs for pelvic floor surgeons like Dr. Flynn. Under the learned intermediary doctrine, such surgeons are the ones who must be adequately warned. If Plaintiffs intend to argue at trial that Ethicon’s IFUs failed to disclose certain risks, then it is only fair that Ethicon be allowed to defend itself by demonstrating that those risks were obvious to the users of the

⁶ While this Court has observed that “[a]bsence of evidence is not evidence of absence” *Tyree*, 54 F. Supp. 3d at 583-84, the observation only holds true where a cursory inquiry of the evidence has been made. For instance, if a physician is relying merely on his own experience to opine that a particular risk does not exist, the methodology may be flawed. However, where, as here, a physician examines the evidence outside of his own experience, such as by critiquing the medical literature and studying the conclusions of medical organizations, then the physician’s opinions have a reliable basis. If there is no reliable evidence of risk as determined by a detailed review of appropriate sources, there is no obligation to include the risk in the IFU warnings.

product (pelvic surgeons and urologists), and therefore, did not need to be included in the IFUs in accordance with the aforementioned law.

D. Dr. Flynn will not offer legal conclusions.

Dr. Flynn will not offer legal conclusions in this case. The only statement cited by Plaintiffs, “Ethicon has properly warned physicians of the adverse events” (TVT Report at 30), is not a legal conclusion. Under Plaintiffs’ interpretation, the Court should preclude Plaintiffs’ experts from testifying that Ethicon did not properly warn physicians of adverse events.

Respectfully Submitted,

/s/ Christy D. Jones

Christy D. Jones
Butler Snow LLP
1020 Highland Colony Parkway
Suite 1400 (39157)
P.O. Box 6010
Ridgeland, MS 39158-6010
(601) 985-4523
Christy.jones@butlersnow.com

/s/ David B. Thomas

David B. Thomas (W. Va. Bar #3731)
Thomas Combs & Spann PLLC
300 Summers Street
Suite 1380 (25301)
P.O. Box 3824
Charleston, WV 25338
(304) 414-1807
dthomas@tcspllc.com

COUNSEL FOR DEFENDANTS
ETHICON, INC. AND
JOHNSON & JOHNSON

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON DIVISION**

IN RE: ETHICON, INC. PELVIC REPAIR SYSTEM PRODUCTS LIABILITY LITIGATION	Master File No. 2:12-MD-02327 MDL No. 2327
THIS DOCUMENT RELATES TO ETHICON WAVE 1 CASES	JOSEPH R. GOODWIN U.S. DISTRICT JUDGE

CERTIFICATE OF SERVICE

I, Christy D. Jones, certify that on this date, I electronically filed the foregoing document with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the CM/ECF participants registered to receive service in this MDL.

/s/ Christy D. Jones

Christy D. Jones
Butler Snow LLP
1020 Highland Colony Parkway
Suite 1400 (39157)
P.O. Box 6010
Ridgeland, MS 39158-6010
(601) 985-4523
christy.jones@butlersnow.com

31276621v1

Brian J. Flynn, M.D.

Diplomat American Board of Urology, Female Pelvic Medicine Reconstructive Surgery
Fellowship Director of Reconstructive Urology
Co-Director Women's Pelvic Health and Surgery Clinic
Associate Professor of Surgery/Urology
University of Colorado Denver

[REDACTED]

[REDACTED]

EDUCATION

Fellowship

Female Pelvic Medicine and Reconstructive Urology, July 2001-June 2002

Duke University Medical Center

Durham, North Carolina

Director: George D. Webster, M.B., FRCS

Urology Residency, July 1997-June 2001

Geisinger Health System

Danville, Pennsylvania

Chairman/Residency Director: Joseph J. Mowad, M.D.

General Surgery Internship/Residency, July 1995-June 1997

Geisinger Health System

Danville, Pennsylvania

M.D., 1995

Temple University School of Medicine

Philadelphia, Pennsylvania

B.S., 1991

University of Rochester

Rochester, New York

Major: Electrical Engineering

Concentration: Biomedical Engineering

HONORS AND AWARDS

University of Colorado

- Faculty Teaching Award, Division of Urology, University of Colorado School of Medicine, 2013-2014
- 2014 AUA Victor A. Politano Award Nominee, this award is presented to an individual (urologist, basic scientist, researcher, biomedical engineer, etc.) for outstanding achievements in the field of urinary incontinence and for enhancing the treatment of incontinent patients.
- Best Doctor for Executives, Named Best Female Pelvic Medicine and Reconstructive Surgery Doctor, ColoradoBiz Magazine 2012
- Faculty Teaching Award, Division of Urology, University of Colorado School of Medicine, 2007-2008
- University of Colorado Hospital Leadership Award 2007
- Best Doctors.com 2007, 2008

Duke University Medical Center

Webster, G. D., Flynn, B. J. and Amundsen, C. L.: *Transvaginal uterosacral vault suspension for the treatment of vaginal vault prolapse.*

- Third Prize: Video presentation, 97th Annual Meeting of the AUA, Orlando, Florida, May 2002.

Geisinger Health System

The Pfizer Scholars in Urology Award, June 30, 2000

Flynn, B. J., Mian, H. S., Cera, P. J., Kabler, R. L., Mowad, J. J., Cavanaugh, A. H. and Rothblum, L. I.: *Early molecular changes associated with partial bladder outlet obstruction.*

- First Prize Resident Essay: 58th Annual Meeting of the Mid-Atlantic Section of the AUA, Rio Grande, Puerto Rico, October 2000.
- Resident Prize Essay: 52nd Annual Meeting of the Northeastern Section of the AUA, Pittsburgh, Pennsylvania, September 2000.

Flynn, B. J. and Yap, W. T.: *Randomized trial to evaluate efficacy and cost of nalbuphine versus morphine in women after pubovaginal sling.*

- Resident Prize Essay: 57th Annual Meeting of the Mid-Atlantic Section of the AUA, Hilton Head, South Carolina, October 1999.

Flynn, B. J., Mian, H. S., Mowad, J. J. and Kabler, R. L.: *Once-daily administration of gentamicin in the elderly with febrile urinary tract infections: Evaluation of efficacy, nephrotoxicity and cost.*

- Third Prize Resident Essay: 54th Annual Meeting of the Mid-Atlantic Section of the AUA, Hot Springs, Virginia, September 1997.

PROFESSIONAL MEMBERSHIPS

- American Urological Association, active member, 2001-present
- American Urological Association, South Central Section, active member, 2002- present
- Rocky Mountain Urological Society, President elect 2015-present, Treasurer/Secretary, 2013-2015, at-large board member 2011-2013
- Society of Genitourinary Reconstructive Surgeons, active member 2008-present, past board member, 2008- 2010
- Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction, active member 2009- present
- International Urogynecological Association, active member 2015- present

MEDICAL LICENSURE AND CERTIFICATION

- Colorado Medical License
- DEA number
- Diplomate of the American Board of Urology, March 2004 – present
- Diplomate of the American Board of Urology, Subspecialty certification in Female Pelvic Medicine and Reconstructive Surgery (FPM-RS), August 2014 - present

HOSPITAL AFFILIATIONS

- University of Colorado Hospital, Denver, CO
- Denver Health Medical Center, Denver, CO
- The Children's Hospital of Colorado, Denver, CO
- Veterans Administration Hospital, Denver, CO

ADMINISTRATIVE and SCHOLARLY ACTIVITIES

- AUA medical-legal Reviewer Panel member of Genitourinary Reconstructive cases 2014- present
- Colorado state representative to the South Central Section of the American Urologic Association, September 2007-2013
- Resident Essay Contest Judge, South Central Section of the American Urologic Association, September 2010-present
- President elect, Rocky Mountain Urologic Society, 2015-present
- Treasurer/Secretary, Rocky Mountain Urologic Society, 2013- 2015
- At-large board member, Rocky Mountain Urologic Society, 2011- 2013
- Director of Reconstructive Urology Fellowship, University of Colorado School of Medicine, July 2008-present
- Co-Practice Director of Women's Health and Surgery Clinic, University of Colorado Hospital, June 2013-present
- Practice Director of Bladder Health and Urodynamics Clinic, University of Colorado Hospital, June 2002-present
- Assistant Residency Director of Urology, University of Colorado School of Medicine, July 2006-June 2010

- University of Colorado Hospital, OR committee member, July 2005-June 2012
- Committee member, Seed Grant Funding, Department of Surgery, University of Colorado School of Medicine, 2003, 2004
- Life cycles lecturer, University of Colorado School of Medicine, 2007
- Cardiovascular, Pulmonary, Renal lecturer, University of Colorado School of Medicine, 2006 – Present
- Foundations of Doctoring, University of Colorado School of Medicine, 20013 - Present

EDITORIAL ACTIVITIES

- Reviewer: *Canadian Journal of Urology*, 2014-present
- Reviewer: *The Journal of Urology*, 2005-present
- Reviewer: *International Urogynecology Journal*, 2009-present
- Reviewer: *Urology*, 2004-present
- Reviewer: *BMC Urology*, 20012-present
- Reviewer: *Neurourology & Urodynamics*, 2011-present
- Reviewer: *International Urology and Nephrology*, 2014-present
- Reviewer: *BJU International*, 2003
- Reviewer: *Clinical Anatomy*, 2006
- Reviewer: *Issues in Urology*, 2006

RESEARCH ACTIVITIES

- COMIRB #13-2482: Improving bladder care for patients with multiple sclerosis. University of Colorado Denver. Co-investigator November 2013-present.
- Allergan 191622-117: BOTOX® for the Treatment of Urinary Incontinence due to Neurogenic DetrusorOveractivity in Patients with Multiple Sclerosis 191622-117. Industrial sponsorship, multi-institutional study, Allergan, Irvine, California. Principal investigator 2014-2015, amount = \$147,500.
- Swan Valley Medical. COMIRB Protocol 14-0378: T-SPeC Suprapubic Catheter Device. Industrial sponsorship, single-institution study, Swan Valley Medical, Bigfork, Montana. Principal investigator 2014-2015, amount = 50 units donated to University of Colorado Hospital @ \$695 = \$34,750.
- Diabetic complications of Lower Urinary Tract Symptoms: Effect of Diabetes on bladder functions in a partial outlet obstructed mouse model. Seed Grant, Department of Surgery, University of Colorado Denver. Principal investigator 2009, amount = \$25,000.
- Biochemical alterations in partial bladder outlet obstruction in mice: Upregulation of the MAP kinase pathways. Seed Grant, Department of Surgery, University of Colorado Health Sciences Center. Principal investigator 2006, amount = \$50,000.
- Biochemical alterations in bladder outlet obstruction: The use of transgenic mice as an experimental Tool. Seed Grant, Department of Surgery, University of Colorado Health Sciences Center. Principal investigator 2005, amount = \$50,000.
- Mechanisms of bladder hypertrophy due to bladder outlet obstruction. Dean' s academic research fund, University of Colorado Health Sciences Center. Principal investigator 2004, amount = \$50,000.

- Early molecular changes associated with partial bladder outlet obstruction. Mowad research fund, Geisinger Heath Center. Principal investigator 1999, amount = \$75,000.

SCIENTIFIC ARTICLES

Anderson, K. M., Higuchi, T. T. and Flynn, B. J. *Evaluation and management of rectourethral fistulas after prostate cancer treatment*. Curr Bladder Dysfunct Rep. Accepted for publication 2015. PMID: XXXXXXXXX.

Anderson, K. M., Higuchi, T. T., and Flynn, B. J. *Management of the devastated posterior urethra and bladder neck: Refractory incontinence and stenosis*. Trans Androl and Urol, **4**, 60, 2015. PMID: XXXXXXXXX.

Anderson, K., Davis, K. and Flynn, B. J. *Urinary incontinence*. Med Clin North Am, 2015. PMID: 25700591.

Flynn, B. J., Larke, R. J., Knoll, P. B., Anderson, K. M., Siomos, V. J. and Windsperger, A. P: Prospective study of the Transurethral Suprapubic endo-Cystotomy (T-SPeC[®]): An 'inside-out' approach to suprapubic Catheter Insertion. Int Urol Nephrol, 2014. PMID: 25425440.

Nikolavsky, N., Blakely, S. A., Hadley, D. A., Knoll, P. B., Windsperger, A. P., Terlecki, R. P. and Flynn, B. J.: *Open reconstruction of the recurrent vesicourethral anastomotic stricture after radical prostatectomy*. Int Urol Nephrol, **46**, 2147, 2014. PMID: 25134944.

Hadley, D. A., Anderson, K., Knopick, C. R., Shah, K. and Flynn, B. J.: *Creation of a continent urinary channel in adults with neurogenic bladder: Long-term results with the monti and casale (Spiral Monti) procedures*. Urology, **83**, 1176, 2014. PMID: 24612618.

Hinoul, P., Elzevier, H. W., Kirkemo, A., Patel, B. G., Flynn, B. J. and Walters, M. D. A *novel radiographic technique to asses implanted grafts in the female pelvis: a comparison of the Inside-Out and the Outside-In transobturator mid urethral sling positioning*. FVV in Ob Gyn, **5**: 249, 2013. PMID: 24753952.

Pshak, T., Nikolavasky, D., Terlecki, R. T. and Flynn, B. J. *Is tissue interposition always necessary in transvaginal repair of benign, recurrent vesicovaginal fistulae?* Urology, **82**, 707, 2013. PMID: 23830081.

Shah, K., Gilsdorf, D., Nikolavasky and D. Flynn, B. J. *Surgical management of lower urinary tract mesh perforation after mid-urethral polypropylene mesh sling: Mesh excision, urinary tract reconstruction and concomitant pubovaginal sling with autologous rectus fascica*. Int Urogynecol J, **24**, 2111, 2013. PMID: 23824269.

Karsh L. I., Egerdie R. B., Albala D. M. and Flynn B. J. *The transurethral suprapubic endo-cystostomy (T-SPeC[®]): A novel Suprapubic catheter insertion device*.

J Endourol., **27**: 880, 2013. PMID: 23488708.

Flynn, B. J. and Terlecki, R. T.: *The use of polypropylene mesh in incontinence and prolapse surgery: Indications for use, technical considerations and management of complications.* AUA Update Series, Lesson 14, volume 29 2010.

Henry, G. D., Graham, S. M., Cornell, R. J., Cleaves, M. A., Simmons, C. J., Vakalopoulos, I and Flynn, B. J.: *A multicenter study on the perineal versus penoscrotal approach for implantation of an artificial urinary sphincter: cuff size and control of male stress urinary incontinence.* J. Urol., **182**: 2404, 2009. PMID: 19762042

Myers, J. B., Dall'Era, J, Koul, S., Kumar, B., Khandrika, L., Flynn, B. J. and Koul, H. K.: *Biochemical alterations in partial bladder outlet obstruction in mice: Upregulation of the mitogen activated protein kinase pathways.* J. Urol., **181**: 1926, 2008. PMID: 19237171

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Flynn, B. J. and Webster, G. D.: *New advances in the treatment of post-prostatectomy incontinence.* Grand Rounds in Urology, **3**:9, 2004. PMID: 16985599

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Miller, E. A, Amundsen, C. L. Toh, K. L., Flynn, B. J. and Webster, G. D.: *Preoperative urodynamic evaluation may predict voiding dysfunction in women undergoing pubovaginal sling.* J. Urol., **169**: 2234, 2002. PMID: 12771757

Amundsen, C. L., Flynn, B. J., and Webster, G. D.: *Anatomical correction of vaginal vault prolapse by uterosacral ligament fixation in women who also require a pubovaginal sling.* J. Urol., **169**: 1770, 2003. PMID: 12686830

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EDITORIALS

Flynn, B. J. The comparison of outcomes: The adjustable bulbourethral male sling and artificial urinary sphincter following prior artificial urinary sphincter erosions. Urol., **73**: 1369, 2009.

INSTRUCTIONAL VIDEOS

Knoll, P., Siomos, V., Pshak, T., Larke, R. and Flynn, B.J.: *An Innovative Inside-Out Approach to Suprapubic Catheter Insertion in the Obese Patient with a Neurogenic Bladder: The Transurethral Suprapubic Endo-Cystostomy Device.* Annual Meeting of the SCS of the AUA, State-of-the-art-lecture, Rancho Mirage, California, October 2014.

Larke, R, Siomos, V and Flynn, B.J.: *An Innovative Inside-Out Approach to Suprapubic Catheter Insertion in the Obese Patient with a Neurogenic Bladder: The Transurethral Suprapubic Endo-Cystostomy Device.* World Congress Endourology, New Orleans LA, October 2013. Abstract ID: 13-544

Flynn, B. J., Carlsen, S. and Pshak, T.: *Initial experience with TVT (transvaginal tape) secur: an 8 cm midurethral polypropylene sling for the treatment of female SUI*. AUA, abstract, 2009.

Flynn, B. J., Terlecki, R. and Pshak, T.: *Total pelvic floor reconstruction utilizing Prolift™: A Polypropylene mesh reinforced pelvic floor repair and vaginal vault suspension*. SUFU, 2009.

Flynn, B. J., Carlsen, S. and Pshak, T.: *Total pelvic floor reconstruction utilizing Prolift™ a polypropylene mesh reinforced pelvic floor repair and vaginal vault suspension*. J. Urol., 179: 667, abstract V1942, 2009.

Flynn, B. J., Carlsen, S. and Pshak, T.: *Initial experience with pelvic floor reconstruction utilizing Prolift™: Polypropylene mesh reinforced pelvic floor repair and vaginal vault suspension*. SCAUA, abstract V70, 2007.

Webster, G. D., Flynn, B. J. and Guralnick, M. L.: *Implantation of the artificial urinary sphincter (AUS) using the transcorporal approach*. J. Urol., suppl., 167: 289, abstract V1140, 2002.

Webster, G. D., Amundsen, C. L. and Flynn, B. J.: *Transvaginal uterosacral vault suspension for the treatment of vaginal vault prolapse*. J. Urol., suppl., 167: 289, abstract V1138, 2002.

Flynn, B. J. and Yap, W. T.: *Risks and benefits of using allogenic fascia for pubovaginal slings*. J. Endourol., suppl. 1, 12: S251, abstract V9-3, 1998.

Flynn, B. J. and Yap, W. T.: *Analysis of pubovaginal slings in 105 consecutive patients with stress urinary incontinence*. J. Endourol., suppl. 1, 12: S251, abstract V9-2, 1998.

TEXTBOOK CHAPTERS

Windsperger, A. P. and Flynn, B. J. *Urodynamics Equipment – What the Clinician Needs to Know to Set up the Lab*. In Practical Urodynamics for the Clinician. Springer, 2015.

Flynn, B. J. and Knoll, P. *Urethral Stricture*. In Conn's Current Therapy 2014. Elsevier, 2015.

Flynn, B. J. and Shah, K. *Urethral Stricture*. In Conn's Current Therapy 2013. Elsevier, 2014.

Flynn, B. J. and Hadley, D. *Urethral Stricture*. In Conn's Current Therapy 2013. Elsevier, 2013.

Flynn, B. J. and Hadley, D. *Urethral Stricture*. In Conn's Current Therapy, 63rd Eds. Elsevier, 2010.

Flynn, B. J. *Repair of ureterovaginal fistula*. In: Hinman's Atlas of Urologic Surgery, 3rd ed. Elsevier, 2008.

Flynn, B. J. and Hadley, D. *Urethral Stricture*. In Conn's Current Therapy, 62nd Eds. Elsevier, 2008.

Carlsen, S. N. and Flynn, B. J. *Urinary diversion*. In: McIntyre, R. C., Steigmann, G. V. and Eiseman, B., 5th Eds. Surgical Decision Making, W.B Sanders, 2004.

Flynn, B. J. and Webster, G. D. *Urethral stricture and disruption*. In: Graham, S. D., Keane, T. E. and Glenn, J., 6th Eds. Glenn's Urologic Surgery. Lippincott, Williams and Wilkins, 2003.

INVITED PRESENTATIONS

Voiding dysfunction and neurogenic bladder: Contemporary management. 2015 SMU/CMUN/AUA lessons in Urology Course, Mexico City, Mexico, August 2015.

New advances in the treatment of overactive bladder. 2015 SMU/CMUN/AUA lessons in Urology Course, Mexico City, Mexico, August 2015.

Female SUI. 2015 SMU/CMUN/AUA lessons in Urology Course, Mexico City, Mexico, August 2015.

Pelvic organ prolapse. 2015 SMU/CMUN/AUA lessons in Urology Course, Mexico City, Mexico, August 2015.

Anterior and posterior urethral reconstruction. 2015 SMU/CMUN/AUA lessons in Urology Course, Mexico City, Mexico, August 2015.

Ureteral reconstruction. 2015 SMU/CMUN/AUA lessons in Urology Course, Mexico City, Mexico, August 2015.

Bladder augmentation and urinary diversion. 2015 SMU/CMUN/AUA lessons in Urology Course, Mexico City, Mexico, August 2015.

Benign prostatic hyperplasia. 2015 SMU/CMUN/AUA lessons in Urology Course, Mexico City, Mexico, August 2015.

Urodynamics. 2015 SMU/CMUN/AUA lessons in Urology Course, Mexico City, Mexico, August 2015.

Contemporary management of male voiding dysfunction. Curso-Taller Del Manejo

Quirurgico De La Hiperplasia, Hospital Central Militar, Mexico City, Mexico, August 2015.

Surgical management of anterior urethral stricture disease: New techniques for urethroplasty. Catterdra Di Urologia Universita di Roma Tor Vergata International Urology Symposium, Rome, Italy, June 2015.

Surgical management of iatrogenic injury to the ureter, bladder and urethra. Catterdra Di Urologia Universita di Roma Tor Vergata International Urology Symposium, Rome, Italy, June 2015.

Male Incontinence: Management of Complications Post Implantation. Annual Meeting of the AUA, International Russian-Speaking Urological Society (iRUS), New Orleans, Louisiana, May 2015.

Transvaginal Mesh Multidistrict Litigation Update. RMUS Annual Meeting, Denver, CO, April 2015.

Vaginal mesh update 2015. Annual Meeting of SUFU, Plenary Session, Scottsdale, AZ, February 2015.

Reconstruction of the upper urinary tract: Tricks of the Trade. Annual Meeting of SUFU, Breakout Session, Scottsdale, AZ, February 2015.

Surgical management of anterior urethral stricture disease: New techniques for urethroplasty. 35th Annual Ralph E. Hopkins Urology Seminar at Jackson Hole, Jackson Hole, Wyoming, January 2015.

State-of-the-Art Lecture: Surgical management of transvaginal mesh complications: Mesh pain, infection, exposure and perforation. Annual Meeting of the SCS of the AUA, State-of-the-art-lecture, Rancho Mirage, California, October 2014.

Critical discussion: Mesh removal in the lower urinary tract – Techniques. Annual Meeting of the AUA, Plenary Session, Orlando, Florida, May 2014.

Surgical management of SUI: Non-mesh based repairs. Portuguese Urology Program, Orlando, Florida, May 2014.

Surgical management of POP: Non-mesh based repairs. Portuguese Urology Program, Orlando, Florida, May 2014.

Urethral reconstruction: Tricks of the trade. Annual Meeting of SUFU, Breakout Session, Miami, FL, February 2014.

Transvaginal mesh 2013: The good, the bad, and the ugly. Perspectives in Urology, Scottsdale, Arizona, January 2014.

Management of male stress urinary incontinence: Slings and sphincters. Perspectives in Urology, Scottsdale, Arizona, January 2014.

Surgical management of anterior urethral stricture disease: New techniques for Urethroplasty. Perspectives in Urology, Scottsdale, Arizona, January 2014.

Surgical management of female SUI: Back to the future (retropubic tapes and pubovaginal sling). Perspectives in Urology, Scottsdale, Arizona, January 2014.

Management of complications of pelvic surgery. Geisinger Medical Center Visiting Professorship, Danville, Pennsylvania, June 2013.

Management of complications of prostate cancer therapy. Geisinger Medical Center Visiting Professorship, Danville, Pennsylvania, June 2013.

Moderator: Challenging cases in male reconstructive urology. Annual Meeting of the Russian Speaking Urology, San Diego California, May 2013.

Moderator: Challenging cases in female reconstructive urology. Annual Meeting of the Russian Speaking Urology, San Diego California, May 2013.

Panel Moderator: Challenging cases in pelvic organ prolapse repair. Rocky Mountain Urologic Society, Denver, Colorado, April 2013.

Transvaginal Mesh 2013: The good (retropubic tapes), the bad (TV mesh kits) and the ugly (morbidity and lawsuits)! Rocky Mountain Urologic Society, Denver, Colorado, April 2013.

How I manage transvaginal mesh complications: Mesh exposure and urinary tract erosion. Rocky Mountain Urologic Society, Denver, Colorado, April 2013.

Transvaginal mesh for POP repair: Proper use, patient selection and management of complications. NYU School of Medicine. Surgical, Pharmacological and Technological Advances in Adult and Pediatric Urology, State-of-the Art, New York, New York, December 2011.

Female urology update: Annual Meeting of the Portuguese Speaking Urology, Washington, D.C, May 2011.

Panel discussion: Neuromodulation in office-based practices. Rocky Mountain Urologic Society, Denver, Colorado, March 2011.

Panel moderator: Post-prostatectomy incontinence. Rocky Mountain Urologic Society, Denver, Colorado, March 2011.

Panel moderator: Male stress urinary incontinence, SUFU Annual Meeting, Plenary Session, Phoenix, Arizona, March 2011.

The management of recalcitrant bladder neck contraction and incontinence following radical prostatectomy. AUA, Plenary Session, San Francisco, California, May 2010.

The spectrum of stress urinary incontinence 2010. Arizona Urologic Society, Phoenix, Arizona, April 2010.

Treatment of Complex Voiding Dysfunction: Strictures and Incontinence: SUFU Annual Meeting, breakout session, St. Petersburg, Florida, February 2010.

Female urology “potpourri.” Perspectives in Urology: Point-Counterpoint, Phoenix, Arizona, November 2009.

The spectrum of stress urinary incontinence surgery 2009. Perspectives in Urology: Point-Counterpoint, Phoenix, Arizona, November 2009.

Management of the devastated posterior urethra after prostate cancer therapy. Pierce Memorial Lecture, Wayne State University, Detroit, Michigan, October 2009.

The spectrum of SUI surgery 2009. 3rd Annual Collaborative Perspectives on Pelvic Floor Surgery, San Francisco, California, August 2009.

What are the components necessary to develop good clinical trials design? Male SUI. NIDDK New Research Directions in Urinary Incontinence Symposium, Bethesda, Maryland, January 2009

Challenges in male incontinence. Societe Internationale d’Urologie World Uro-Oncology Update, Santiago, Chile, November 2008.

Use of mesh in pelvic floor reconstruction. New Mexico Urologic Society, Albuquerque, New Mexico, October 2008.

Non-surgical Management of post-prostatectomy incontinence. SUNA (Society of Urologic Nurses), Denver, Colorado, September 2008.

Complications of prolapse and incontinence surgery: Prevention and management. Rocky Mountain Urologic Society, Denver, Colorado, July 2008.

Management of the obliterated outlet after prostate cancer therapy. University of Utah, Urology Grand Rounds, Salt Lake City, Utah, June 2008.

Surgical therapy for recurrent SUI and pelvic organ prolapse. Utah Urologic Society, Salt Lake City, Utah, June 2008.

New advances in surgical therapy for SUI and pelvic organ prolapse. Evergreen Hospital Gynecology Grand Rounds, Kirkland, Washington, June 2008.

Review of trauma, reconstructive urology and urinary diversion. 2008 AUA Highlights, Plenary Session, Orlando, Florida, May 2008.

Management of the devastated posterior urethra after prostate cancer therapy. Madigan Army Hospital, Urology Grand Rounds, Tacoma, Washington, March 2008.

Complications of prolapse and incontinence surgery: Prevention and management. Madigan Army Hospital, Urology Grand Rounds, Tacoma, Washington, March 2008.

New Advances in surgical therapy for SUI and pelvic organ prolapse. Puget Sound Urology Society, Tacoma, Washington, March 2008.

Troubleshooting the male incontinence prosthetics. Post graduate review course: Evaluation and management of male urinary incontinence, Annual Meeting of the SC-AUA, Colorado Springs, Colorado, September 2007.

AUA 2007 highlights of Female Urology, Neurourology, Urodynamics and Reconstructive Urology. Washington University Urology 10th Annual AUA Highlights Conference, St. Louis, Missouri, June 2007.

The midurethral sling update. Utah Urologic Conference, Salt Lake City, Utah, March, 2007.

Management of anterior and posterior urethral strictures. Utah Urologic Conference, Salt Lake City, Utah, March, 2007.

Practical urodynamics. Jackson Hole Seminars, Jackson Hole, Wyoming, February, 2006.

Pubovaginal sling using the transvaginal tape obturator system (TVT-O) for all types of SUI: Preliminary results. Jackson Hole Seminars, Jackson Hole, Wyoming, February, 2006.

Bulbar urethral stricture disease: A Stepwise approach to management. Jackson Hole Seminars, Jackson Hole, Wyoming, February, 2006.

Complications of prolapse and incontinence surgery: A stepwise approach. Jackson Hole Seminars, Jackson Hole, Wyoming, February, 2006.

New advances in the treatment of overactive bladder. Jackson Hole Seminars, Jackson Hole, Wyoming, February, 2006.

Surgical management of SUI: The transobturator approach. University of New Mexico Grand Rounds, Albuquerque, New Mexico, June 2005.

New advances in the treatment of male overactive bladder. New Mexico Urological Society, Albuquerque, New Mexico, June 2005.

New advances in the treatment of post-prostatectomy incontinence. Female Urology and Voiding Dysfunction in Your Practice, Fort Lauderdale, Florida, February 2005.

Office evaluation of urinary incontinence and pelvic organ prolapse. Female Urology and Voiding Dysfunction in Your Practice, Fort Lauderdale, Florida, February 2005.

Surgical management of SUI: The biological pubovaginal sling. Female Urology and Voiding Dysfunction in Your Practice, Fort Lauderdale, Florida, February 2005.

Surgical management of SUI: The midurethral sling debate. Female Urology and Voiding Dysfunction in Your Practice, Fort Lauderdale, Florida, February 2005.

The tension-free midurethral sling: Retropubic approach. Female Urology and Voiding Dysfunction in Your Practice, Fort Lauderdale, Florida, February 2005.

New advances in the treatment of post-prostatectomy incontinence. Perspectives in Urology, Phoenix, Arizona, November 2004.

Surgical management of stress urinary incontinence: The midurethral sling debate. Perspectives in Urology, Scottsdale, Phoenix, November 2004.

Procedure selection for bulbar and posterior urethroplasty. University of New Mexico Grand Rounds, Albuquerque, New Mexico, April 2004.

Office evaluation and management of urinary incontinence. New Mexico Urological Society, Albuquerque, New Mexico, April 2004.

Office evaluation of urinary incontinence and pelvic organ prolapse. Jackson Hole Seminars, Jackson Hole, Wyoming, February 2004.

Minimally invasive sling therapy. Jackson Hole Seminars, Jackson Hole, Wyoming, February, 2004.

Procedure selection for bulbar urethroplasty. Jackson Hole Seminars, Jackson Hole, Wyoming, February 2004.

Transvaginal approach to vaginal vault prolapse. Jackson Hole Seminars, Jackson Hole, Wyoming, February 2004.

Salvaging continence in men with prior AUS implantation: Management of urethral erosion, urethral atrophy and AUS infection. Jackson Hole Seminars, Jackson Hole, Wyoming, February, 2004.

Delayed management of pelvic fracture urethral distraction defect. Jackson Hole Seminars, Jackson Hole, Wyoming, February 2004.

Male incontinence and voiding dysfunction. 49th Annual Family Practice Review, Denver, Colorado, November, 2003.

Procedure selection for bulbar urethroplasty. Perspectives in Urology, Scottsdale, Arizona, November 2003.

Management of urinary incontinence following radical prostatectomy. Perspectives in Urology, Scottsdale, Arizona, November 2003.

Minimally invasive therapies for stress urinary incontinence. Perspectives in Urology, Scottsdale, Arizona, November 2003.

Hypospadiology: the modern era. Hypospadias and Epispadias Association, Denver, Colorado, April 2003.

Management of SUI and vaginal vault prolapse. Perspectives in Urology, Scottsdale, Arizona, November 2002.

Modern management of posterior urethral stricture and defect. Perspectives in Urology, Scottsdale, Arizona, November 2002.

Management of post-prostatectomy incontinence. Which procedure to choose? Perspectives in Urology, Scottsdale, Arizona, November 2002.

Incontinence and voiding dysfunction. Emerging Issues in Men's Health, Chicago, Illinois, December 2002.

ABSTRACT PRESENTATIONS

Anderson, K. M., Cooper, C., Nikolavasky, D. and Flynn, B. J.: *Transected vs. Non-transected bulbar urethroplasty results in similar stricture resolution rate in primary repair of bulbar urethral strictures.*

- Poster presentation, Annual Meeting of the SCS of the AUA, Scottsdale, Arizona, October 2015.

Anderson, K. M., Knoll, P., Wesfall, N., Shah, K. and Flynn, B. J.: *Surgical management of ICS/IUGA class 1-4 transvaginal mesh (TVM) prolapse kit complications: 8-year review of 82 patients from a single center.*

- Podium presentation, Annual Meeting of the SCS of the AUA, Scottsdale, Arizona, October 2015.

Knoll, P., Westfall, N., Anderson, K. and Flynn, B. J.: *Early experience with robotic assisted laparoscopic sacrocolpopexy (RALS) with allograft fascia in patients with prior mesh complications.*

- Poster presentation, International Urogynecologic Association (IUGA) 40th Annual Meeting, Nice, France June 2015.

Knoll, P., Westfall, N., Anderson, K. and Flynn, B. J.: *Surgical management of lower urinary tract perforation following prior mesh prolapse repair: Mesh excision and urinary tract reconstruction.*

- Poster presentation, International Urogynecologic Association (IUGA) 40th Annual Meeting, Nice, France June 2015.

Anderson, K. M., Cooper, C., Nikolavasky, D. and Flynn, B. J.: *Transected vs. Non-transected bulbar urethroplasty results in similar stricture resolution rate in primary repair of bulbar urethral strictures.* Abstract ID: 15-6321, J Urol XX, p. eXX.

- Podium presentation, Annual Meeting of the AUA, New Orleans, Louisiana, May 2015.

Anderson, K. M., Knoll, P., Westfall, N., Shah, K. and Flynn, B. J.: *Surgical management of ICS/IUGA class 1-4 transvaginal mesh (TVM) prolapse kit complications: 8-year review of 82 patients from a single center.* Abstract ID: 15-6399, J Urol XX, p. eXX.

- Podium presentation, Annual Meeting of the AUA, New Orleans, Louisiana, May 2015.

Knoll, P., Westfall, N., Anderson, K. and Flynn, B. J.: *Early experience with robotic assisted laparoscopic sacrocolpopexy (RALS) with allograft fascia in patients with prior mesh complications.*

- Poster presentation, RMUS Annual Meeting, Denver, CO, April 2015.

Knoll, P., Westfall, N., Anderson, K. and Flynn, B. J.: *Surgical management of lower urinary tract perforation following prior mesh prolapse repair: Mesh excision and urinary tract reconstruction.*

- Poster presentation, RMUS Annual Meeting, Denver, CO, April 2015.

Anderson, K., Knoll, P., Shah, K., Westfall, N. and Flynn, B. J.: *Surgical management of ICS/IUGA class 1-4 transvaginal mesh (TVM) prolapse complications: 8-year review of 82 patients from a single center.*

- Poster presentation, RMUS Annual Meeting, Denver, CO, April 2015.

Kenny, M. C., Windsperger, A. P., Flynn, B. J. and Higuchi, T. T.: *Management of pubic osteomyelitis following radiation therapy for prostate cancer.*

- Poster presentation, RMUS Annual Meeting, Denver, CO, April 2015.

Anderson, K. M., Knoll, P., Wesfall, N., Shah, K. and Flynn, B. J.: *8-year of surgical management of ICS/IUGA category 1-4 transvaginal mesh complications following prolapse kits.*

- Poster presentation Annual Meeting of SUFU, Scottsdale, AZ, February 2015.

Windsperger, A., Larke, R., Higuchi, T., Maroni, P. and Flynn, B. J.: *Open surgical management of retroperitoneal fibrosis: A single institution 11-year experience.*

- Podium presentation, Annual Meeting of the SCS of the AUA, Rancho Mirage, California, October 2014.

Windsperger, A., Larke, R., Higuchi, T., Maroni, P. and Flynn, B. J.: *Ileal ureteral replacement for complex ureteral strictures: A single institution 11-year experience.*

- Podium presentation, Annual Meeting of the SCS of the AUA, Rancho Mirage, California, October 2014.

Windsperger, A., Wesfall, N., Knoll, P. and Flynn, B. J.: *Early experience with robotic-assisted sacrocolpopexy (RALS) with allograft fascia lata in patients with prior mesh complications.*

- Podium presentation, Annual Meeting of the SCS of the AUA, Rancho Mirage, California, October 2014.

Wesfall, N., Shah, K., Knoll, P., Windsperger, A. and Flynn, B. J.: *Surgical management of lower urinary tract mesh perforation after treatment for pelvic organ prolapse: Mesh excision and urinary tract reconstruction.*

- Podium presentation, Annual Meeting of the SCS of the AUA, Rancho Mirage, California, October 2014.

Larke, R., Knoll, P., Siomos, V., Windsperger, A. and Flynn, B. J.: *The first United States series using the transurethral suprapubic endo-cystotomy device for suprapubic catheter insertion.*

- Poster presentation, Annual Meeting of the SCS of the AUA, Rancho Mirage, California, October 2014.

Knoll, P., Larke, R., Windsperger, A., Siomos V., Pshak T. and Flynn, B. J.: *The first United States series using the transurethral suprapubic endo-cystotomy device for suprapubic catheter insertion.* Abstract ID: NDP0320, Female Pelvic Med Reconstr Surg 20, p. S316.

- Poster presentation, 14th annual IUGA (International Urogynecologic Association) Meeting, Washington, DC, July 2014.

Knoll, P. and Flynn, B. J.: *Has the FDA public health notification regarding complications from transvaginal mesh changed how I Manage SUI and POP? A single surgeon experience 2006-2014.* Abstract ID: NDP0071, Female Pelvic Med Reconstr Surg 20, p. S190.

- Poster presentation, 14th annual IUGA (International Urogynecologic Association) Meeting, Washington, DC, July 2014.

Knoll, P., Shah, P., Windsperger, A. and Flynn, B. J.: *Surgical management of complications of transvaginal mesh prolapse kits in a single operation*. Abstract ID: NDP0302, Female Pelvic Med Reconstr Surg 20, p. S307.

- Poster presentation, 14th annual IUGA (International Urogynecologic Association) Meeting, Washington, DC, July 2014.

Windsperger A., Larke R, Higuchi T., Maroni P. and Flynn, B. J.: *Ureteral reconstruction for benign stricture disease: A single institution 11-year experience with simple and complex reconstructive techniques*. J Urol 191, p. e23.

- Podium presentation, Annual Meeting of the AUA, Orlando, Florida, May 2014.

Siomos V., Pshak T. and Flynn, B. J.: *An innovative inside-out approach to suprapubic catheter insertion in the obese patient with a neurogenic Bladder: The transurethral suprapubic endo-cystostomy device*.

- Poster presentation, RMUS Annual Meeting, Denver, CO, April 2014.

Pshak T., Nikolavasky D., Terlecki R. and Flynn, B. J.: *Is tissue interposition always necessary in transvaginal repair of benign, recurrent vesicovaginal fistulae?*

- Poster presentation, RMUS Annual Meeting, Denver, CO, April 2014.

Windsperger, A., Shah, K., Nikolavasky, D. and Flynn, B. J.: *A novel combination of surgical techniques to resolve lower urinary tract erosion in a single operation: Near total transvaginal mesh excision, urinary tract reconstruction and concomitant repair with a biological graft*.

- Poster presentation, RMUS Annual Meeting, Denver, CO, April 2014.

Larke, R., Siomos, V., Windsperger, A. and Flynn, B. J.: *The first United States series using the transurethral suprapubic endo-cystostomy device for suprapubic catheter insertion*.

- Poster presentation, RMUS Annual Meeting, Denver, CO, April 2014.

Windsperger, A., Shah, K., Nikolavasky, D. and Flynn, B. J.: *Outpatient urethroplasty provides good outcomes for urethral stricture repair in patients with history of failed hypospadias repair*.

- Poster presentation, RMUS Annual Meeting, Denver, CO, April 2014.

Windsperger, A., Shah, K., Nikolavasky, D. and Flynn, B. J.: *Bacteriological analysis of explanted transvaginal meshes*.

- Poster presentation, RMUS Annual Meeting, Denver, CO, April 2014.

Shah, K., Windsperger A. and Flynn, B. J.: *A novel combination of surgical techniques to resolve lower urinary tract erosion in a single operation: Near total transvaginal mesh excision, urinary tract reconstruction and concomitant repair with a biological graft*. Neuro Urol **33**, 257, 2014.

- Poster presentation, Annual Meeting of SUFU, Miami, FL, February 2014.

Shah, K., Windsperger A. and Flynn, B. J.: *Analysis of eroded and non-eroded transvaginal meshes: Is there a difference in the microbiology?* Neuro Urol **33**, 193, 2014.

- Poster presentation, Annual Meeting of SUFU, Miami, FL, February 2014.

Windsperger, A., Shah, K., Nikolavasky, D. and Flynn, B. J.: *Outpatient urethroplasty provides good outcomes for urethral stricture repair in patients with history of failed hypospadias repair.* Neuro Urol **33**, 255.

- Poster presentation, Annual Meeting of SUFU, Miami, FL, February 2014.

Shah, K., Windsperger A. and Flynn, B. J.: *A novel combination of surgical techniques to resolve lower urinary tract erosion in a single operation: Near total transvaginal mesh excision, urinary tract reconstruction and concomitant repair with a biological graft.*

- Poster presentation, AUGS 34th Annual Meeting, Las Vegas, NV, October 2013.

Shah, K., Windsperger A. and Flynn, B. J.: *Bacteriological analysis of explanted transvaginal meshes.* Abstract ID: 1700140

- Poster presentation, AUGS 34th Annual Meeting, Las Vegas, NV, October 2013.

Larke, R., Siomos, V. and Flynn, B. J.: *The first United States series using the transurethral suprapubic endo-cystostomy device for suprapubic catheter insertion.* Abstract ID: 13-1198

- Poster presentation, World Congress Endourology, New Orleans LA, October 2013.

Shah, K., Nikolavasky, D. and Flynn, B. J.: *Outpatient urethroplasty provides good outcomes for urethral stricture repair in patients with history of failed hypospadias repair.*

- Podium presentation, SCS of the AUA, San Chicago, Illinois, September 2013.

Shah, K., Nikolavasky, D. and Flynn, B. J.: *A novel combination of surgical techniques to resolve lower urinary tract erosion in a single operation: Near total transvaginal mesh excision, urinary tract reconstruction and concomitant repair with a biological graft.*

- Podium presentation, SCS of the AUA, San Chicago, Illinois, September 2013.

Shah, K., Nikolavasky, D. and Flynn, B. J.: *Bacteriological analysis of explanted transvaginal meshes.*

- Podium presentation, SCS of the AUA, San Chicago, Illinois, September 2013.

Shah, K., Nikolavasky, D. and Flynn, B. J.: *Bacteriological analysis of explanted transvaginal meshes.* Abstract ID: 13-5902

- Poster presentation, Annual Meeting of the AUA, San Diego, CA, May 2013.

Hinoult, P., Kirkemo, A., Walters, M. D., Flynn, B. J. and Elzevier, H. W. *Inside-Out versus Outside-In transobturator trajectories for the treatment of female stress incontinence: radiographic considerations.*

- Poster presentation, Annual Meeting of the European Society for Gynaecological Endoscopy, Paris, France, September 2012.

Flynn, B. J.: *Has the FDA public health notification regarding complications from transvaginal mesh changed how I manage SUI and POP: A single surgeon experience 2006-2011.*

- Podium presentation, Annual Meeting of the SCS AUA, Colorado Springs, CO, October 2012.

Nikolavasky, D., Hadley, D.A. and Flynn, B. J.: *Reconstruction of the obliterated outlet following prostate cancer treatment.*

- Podium presentation, Annual Meeting of the SCS AUA, Colorado Springs, CO, October 2012.

Pshak T., Phillips, J. and Flynn, B. J.: *Transvaginal repair of primary versus recurrent vesicovaginal fistula: Is there a difference in outcome.*

- Podium presentation, Annual Meeting of the SCS AUA, Colorado Springs, CO, October 2012.

Nikolavasky, D., Hadley, D. A., Phillips, J. and Flynn, B. J.: *Outpatient Anterior Urethroplasty: Is it Feasible?*

- Moderated poster presentation, Annual Meeting of the AUA, Atlanta, Georgia, May 2012. Abstract #1204294

Flynn, B. J., Henry, G.D., Cornell, R.J., Simmons, C. J. and Carrion. R. E.: *Capsule-to capsule closure may have less urethral stricture rates than mucosa-to-mucosa closure for management of artificial urinary sphincter erosion: A preliminary five-center study.*

- Moderated poster presentation, Annual Meeting of the AUA, Atlanta, Georgia, May 2012. Abstract #1202062

Hadley, D.A., Phillips, J. and Flynn, B. J.: *Same-day surgery anterior urethroplasty: Patient satisfaction and cost analysis.*

- Podium presentation, Annual Meeting of the SCS AUA, San Antonio, Texas, September 2011.

Hadley, D.A., Phillips, J. and Flynn, B. J.: *Surgical management of urethral complications following artificial urinary sphincter erosion.*

- Podium presentation, Annual Meeting of the SCS AUA, San Antonio, Texas, September 2011.

Hadley, D. A. and Flynn, B. J.: *Open reconstruction and urinary diversion following complications from prostate cancer treatment.*

- Moderated poster presentation, Annual Meeting of the AUA, Washington, D.C, May 2011. Abstract #93

Hadley, D. A., Knopick, C. and Flynn, B. J.: *Creation of a continent urinary channel in adults with neurogenic bladder using a single piece of bowel: Long-term results with the Monti and Casale (Spiral Monti) procedures.*

- Moderated poster presentation, Annual Meeting of the AUA, Washington, D.C, May 2011. Abstract #1149

Hadley, D. A. and Flynn, B. J.: *Surgical algorithm for complex polypropylene mesh complications: recurrent vaginal wall extrusion and urinary tract erosions.*

- Podium presentation, Annual Meeting of the AUA, Washington, D.C, May 2011. Abstract #1874

Hadley, D. A. and Flynn, B. J.: *Open reconstruction of vesicourethral anastomotic stricture following open, laparoscopic, and robotic-assisted radical prostatectomy.*

- Podium presentation, Annual Meeting of the SUFU, Phoenix, Arizona, March 2011.

Hadley, D. A. and Flynn, B. J.: *Surgical management of urethral complications following artificial urinary sphincter erosion.*

- Poster presentation, Annual Meeting of the SUFU, Phoenix, Arizona, March 2011.

Hadley, D. A. and Flynn, B. J.: *Management of polypropylene mesh complications) after surgery for stress urinary incontinence and pelvic organ prolapse: Vaginal wall extrusion and urinary tract erosion.*

- Podium presentation, Annual Meeting of the SC-AUA, Lewisburg, West Virginia, September 2010.

Hadley, D. A., Knopick, C. and Flynn, B. J.: *Creation of a urinary channel in adults with neurogenic bladder using a single piece of bowel: Long-term results with the Monti and Casale (Spiral Monti) procedures.*

- Podium presentation, Annual Meeting of the SC-AUA, Lewisburg, West Virginia, September 2010.

Dall'Era, J., Terlecki, R. and Flynn, B. J.: *Management of polypropylene mesh complications (vaginal wall extrusion and urinary tract erosion) after surgery for stress urinary incontinence and pelvic organ prolapse.*

- Podium presentation, Annual Meeting of the SUFU, St. Petersburg, Florida, February 2010. Podium #25, Neurourology and Urodynamics, 2010.

Knopick, C. and Flynn, B. J.: *Creation of a urinary channel in adults with neurogenic bladder using a single piece of bowel: Long-term results with the Monti and Casale (Spiral Monti) procedures.*

- Podium presentation, Annual Meeting of the SUFU, St. Petersburg, Florida, February 2010. Podium #36, Neurourology and Urodynamics, 2010.

Flynn, B. J., Terlecki, R. and Pshak, T.: *Outcome analysis of transvaginal repair of primary versus recurrent vesicovaginal fistulas.*

- Podium presentation, Annual Meeting of the SC-AUA, Phoenix, Arizona, October 2009.

Flynn, B. J., Terlecki, R. and Pshak, T.: *Efficacy and complications of TVT-secur in the management of stress urinary incontinence.*

- Podium presentation, Annual Meeting of the SC-AUA, Phoenix, Arizona, October 2009.

Flynn, B. J. and Terlecki, R.: *Vaginal wall erosion of polypropylene mesh following anterior prolapse repair: comparing single versus double layer vaginal wall closure.*

- Podium presentation, Annual Meeting of the SC-AUA, Phoenix, Arizona, October 2009.

Terlecki, R. P. and Flynn, B. J.: *Reconstruction of the obliterated outlet following open, laparoscopic and robotic-assisted radical prostatectomy.*

- Podium presentation, Annual Meeting of the SC-AUA, Phoenix, Arizona, October 2009.

Terlecki, R.P. and Flynn, B. J.: *Vaginal wall erosion of polypropylene mesh following anterior prolapse repair: comparing single versus double layer vaginal wall closure.*

- Podium presentation, AUGS 30th Annual Scientific Meeting Hollywood, Florida, September 2009. Female Pelvic Medicine & Reconstructive Surgery 2009.

Terlecki, R. P. and Flynn, B. J.: *Efficacy and complications of TVT-secur in the management of stress urinary incontinence.*

- Poster presentation, AUGS 30th Annual Scientific Meeting Hollywood, Florida, September 2009. Female Pelvic Medicine & Reconstructive Surgery 2009.

Flynn, B. J., Terlecki, R. and Pshak, T.: *Outpatient repair of vesicovaginal fistula via a transvaginal approach.*

- Poster presentation, Annual Meeting of the SUFU, Las Vegas, Nevada, February 2009. Poster #29, Neurourology and Urodynamics 2009; 28(2):130

Flynn, B. J., Henry, G., Jones, L., Sandhu, J., Brady, J., Cornell, R., Kansal, N., Grahm, S. and Moon, D.: *Multicenter study on the new inhibizone antibiotic coating for the artificial urinary sphincter*

- Podium presentation, Annual Meeting of the SC-AUA, San Diego, California, September 2008.

Flynn, B. J., Pshak, T. and Dall'Era, J.: *Pubovaginal sling using the transvaginal tape obturator system (TVT-O) for all types of SUI: 1-year minimum follow-up*

- Podium presentation, Annual Meeting of the SC-AUA, San Diego, California, September 2008.

Flynn, B. J., Henry, G. D., Cornell, R. J., Simmons, C. J. and Carrion. R. E.: *Multicenter study of artificial urinary sphincter implantation technique perineal versus penoscrotal approach: Evaluation of cuff size and continence outcome*

- Podium presentation, Annual Meeting of the SC-AUA, Colorado Springs, Colorado, September 2007.

Myers, J. B., Wilson, S. S. and Flynn, B. J.: *A technique of bladder neck closure combining prostatectomy, ilealcecal cystoplasty with catheterizable stoma and omentoplasty in patients with radio-necrosis of the prostate*

- Podium presentation, Annual Meeting of the SC-AUA, Colorado Springs, Colorado, September 2007.

Flynn, B. J., Carlsen, S. and Pshak, T.: *Initial experience with pelvic floor reconstruction utilizing Prolift™: Polypropylene mesh reinforced pelvic floor repair and vaginal vault suspension.*

- Podium presentation, Annual Meeting of the SC-AUA, Colorado Springs, Colorado, September 2007.

Dall'Era, J., Pshak, T. and Flynn, B. J.: *Management of recurrent vaginal wall and urinary tract polypropylene mesh erosion after midurethral tape: complete mesh explantation and concomitant pubovaginal sling with autologous rectus fascia.*

- Podium presentation, Annual Meeting of the SC-AUA, Colorado Springs, Colorado, September 2007.

Henry, G. D., Cornell, R. J., Flynn, B. J., Simmons, C. J. and Carrion. R. E.: *A multicenter study on perineal versus penoscrotal approach for implantation of an artificial urinary sphincter: Cuff size and control of male stress urinary incontinence*

- Poster presentation, Annual Meeting of the AUA, Anaheim, California, May 2007.

Flynn, B. J., Myers, J. and Mandler, T.: *Pubovaginal sling using the transvaginal tape obturator system (TVT-O) for all types of SUI: 1-year follow-up*

- Podium presentation, Annual Meeting of the SC-AUA, Santa Fe, New Mexico, October 2006.

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